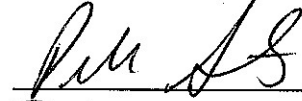


Worksheet Certification Template

I certify that the information on the worksheet that I am providing is based on the actual bills for eligible services that the form 471 applicant has received from the vendor whose SPIN is associated with the approved E-Rate discounts. I also certify that the sample bill(s) provided is representative of the other items on the worksheet.

Signature



Print Name

Debora Steinberg

Company /
Organization

Simi Securities

Title

President

Date

5/25/17

Service Certification for SLD Invoices

SLD Invoice Number	2380179
Invoice Line Number	7956237
Service Provider Name	Simi securities
Service Provider SPIN	143037488
Service Provider Invoice #	Vien 4
Undiscounted Invoice Amount	\$18,240
Discounted Invoice Amount	\$16,416

Applicant Name	Talmud Torah Adas Yereim
Representative / Contact Name	Chaim Itzhowitz
Representative / Contact Title	Administrator
Representative / Contact Phone	845-425-5678
Billed Entity Number (BEN)	153532
471 Number	1029726
FRN	2797982
Date Goods/Services Delivered	3/1/16 - 6/30/16
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	August 1, 2017

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: <u>L. Itzhowitz</u>	Signed: _____
Date: <u>5/25/17</u>	Date: _____



SIMI SECURITIES INC.

6 Carlton Lane, Monsey, NY 10952

845-573-5424

SPIN: 143037488

INVOICE

Vien 4

Date 5/1/16

Submitted To	BEN: 153532
Talmid Torah Adas Yereim 33 Union Road Spring Valley, NY 10977 Contact: Rabbi Itzkowitz	

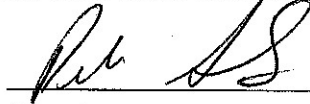
Qty.	Item	Description	Rate	Amount
4	Distance Learning	Recurring monthly service	\$4560.00	\$18240.00
4	USAC	90%	\$4104.00	\$16416.00
4	School Total	10% school contribution	\$456.00	\$1824.00
			TOTAL	\$1824.00

Thank you for your business. Please remit payment for the above amount as soon as possible. Checks Payable to Simi Securities Inc., 6 Carlton Lane, Monsey, NY 10952.

Worksheet Certification Template

I certify that the information on the worksheet that I am providing is based on the actual bills for eligible services that the form 471 applicant has received from the vendor whose SPIN is associated with the approved E-Rate discounts. I also certify that the sample bill(s) provided is representative of the other items on the worksheet.

Signature



Print Name

Debora Steinberg

Company /
Organization

Simi Securities

Title

President

Date

5/25/17



SIMI SECURITIES INC.

6 Carlton Lane, Monsey, NY 10952

845-573-5421

SPIN: 143037488

INVOICE # imrei 3

Date 6/01/16

Invoice Submitted To	BEN: 16049778
Imrei Shufer 186 Saddle River Road Monsey, NY 10952 Contact: Rabbi Melber	

Qty.	Item	Description	Rate	Amount
4	Distance Learning	Recurring Monthly for 2 users	\$2166.66	\$8666.64
4	USAC	90%	\$1949.99	\$7799.97
4	School Total	10% school contribution	\$216.66	\$866.66
			TOTAL	\$866.66

This bill of service contingent on school receiving SLD funding payment requirements. In the event that collection activity must be pursued, school is responsible for all collection and attorney fees and costs.

Please remit payment as soon as possible.

Thank you,
Management

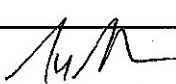
Service Certification for SLD Invoices

SLD Invoice Number	2393349
Invoice Line Number	8006717
Service Provider Name	Simi securities
Service Provider SPIN	143037488
Service Provider Invoice #	Imrei 3
Undiscounted Invoice Amount	\$8,664.00
Discounted Invoice Amount	\$7,797.60

Applicant Name	Imrei Shufer
Representative / Contact Name	Aharon Meher
Representative / Contact Title	Admin.
Representative / Contact Phone	845 323 7750
Billed Entity Number (BEN)	16049778
471 Number	1017036
FRN	2760423
Date Goods/Services Delivered	
Date Goods/Services were or will be Installed	3/1/16 - 6/30/16
Date Applicant Portion Paid and Check No. or Date will be Paid	Aug. 15. 2017

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed: _____
Date: <u>May 25/17</u>	Date: _____